

Office of Medicaid Policy and Planning
Non-Emergency Medical Transportation Reports

Report Name: Send Backs Summary
Version: 1.0
Report Code: MO-SBS
Submission Date: 9/15/2020
Code Citation: IC 12-15-30.5-4 (a)(1)(B) v

Experience Period >> 05/01/20 - 05/31/20			
Send Backs by Provider	<= 48 Hours	> 48 Hours	Grand Total
No Provider Assigned	371	255	626
Inclement Wthr/Mbr	0	0	0
Member Cancelled	145	360	505
Member Deceased	4	10	14
Member Hospitalized	27	28	55
Member No-show	58	115	173
Member Too Sick	4	16	20
Provider No-Show	12	21	33
Provider Too Late	4	2	6

Note: Data reflects the number of trips during the month that were sent back and were not re-assigned to another transportation provider by the date of the scheduled trip. All trips were initially assigned to a transportation provider.